

DIRECTIVE NO.540-WI-8719.1.3AAPPROVED BY Signature:Original Signed By:EFFECTIVE DATE:04/05/2010NAME:Brian J. MontgomeryEXPIRATION DATE:04/05/2015TITLE:RECERT Manager

## **COMPLIANCE IS MANDATORY**

**Responsible Office:** 540/RECERT

**Title:** Sample Lifting Device Daily Inspection Forms

#### **PREFACE**

#### P.1 PURPOSE

To provide sample lifting device daily inspection forms to aid LDE owner/users in their respective programs.

#### P.2 APPLICABILITY

a. This work instruction is applicable to LDE.

#### P.3 REFERENCES

GPR 8719.1, Certification and Recertification of Lifting Devices and Equipment and its Operators.

#### P.4 CANCELLATION

540-WI-8719.1.3-, Lifting Devices Daily Inspection Forms

## P.5 TOOLS, EQUIPMENT, AND MATERIALS

Lifting device daily inspection forms

#### P.6 SAFETY PRECAUTIONS AND WARNINGS

None

#### P.7 TRAINING

None

#### P.8 RECORDS

Record Title	Record Custodian	Retention
Completed Daily Checklists	Property Custodian	Permanent. NRRS 8/56.5D *

<sup>\*</sup> NRRS – NASA Records Retention Schedule (NPR 1441.1)

# P.9 MEASUREMENT/VERIFICATION

RECERT inspectors shall verify, during their frequent or periodic inspections, that a daily inspection form is in place and if not, list it as a deficiency on their inspection form.

DIRECTIVE NO.	540-WI-8719.1.3A	Page 3 of 14
EFFECTIVE DATE:	04/05/2010	
EXPIRATION DATE:	04/05/2015	

#### Instructions

In this document, a requirement is identified by "shall," a good practice by "should," permission by "may" or "can," expectation by "will" and descriptive material by "is."

- 1. The owner/user should ensure that whatever daily inspection form they use complies with the applicable codes and standards, and OEM manuals, as required by GPR 8719.1.
- 2. Owner/users may review the sample forms provided herein, and request copies for their use as needed, or they may use an OSHA or ANSI approved checklist (ex. <a href="http://www.osha.gov/dte/library/pit/daily\_pit\_checklist.html">http://www.osha.gov/dte/library/pit/daily\_pit\_checklist.html</a>), or a checklist from the OEM. When applicable, the owner of the LDE should have at a minimum, the sample fields located on the sample forms.
- 3. RECERT may provide owner/users with copies of the sample daily inspection forms for their use upon request.

## Flow Diagram

None

 DIRECTIVE NO.
 540-WI-8719.1.3A
 Page 4 of 14

 EFFECTIVE DATE:
 04/05/2010

 EXPIRATION DATE:
 04/05/2015

# Appendix A – Definitions

A.1 – Daily Inspection Form – a form which is to be completed by the lifting device operator upon completion of a daily inspection or subsequent upper limit switch test.

 DIRECTIVE NO.
 540-WI-8719.1.3A
 Page 5 of 14

 EFFECTIVE DATE:
 04/05/2010

 EXPIRATION DATE:
 04/05/2015

## Appendix B – Acronyms

ANSI - American National Standards Institute

GSFC - Goddard Space Flight Center

LDE - Lifting Devices and Equipment

NASA - National Aeronautic Space Administration

OEM – Original Equipment Manufacturer

OSHA - Occupational Safety Health Administration (29 CFR 1910 or 29 CFR 1960)

RECERT - Certification and Recertification Program at GSFC

WFF - Wallops Flight Facility

 DIRECTIVE NO.
 540-WI-8719.1.3A
 Page 6 of 14

 EFFECTIVE DATE:
 04/05/2010

 EXPIRATION DATE:
 04/05/2015

# **Appendix C – Sample Lifting Device Daily Inspection Forms**

Operator's Daily Inspection of Powered Industrial Tru	cks (PITs) Month	Year				
Vehicle Type Recert Number:	RECERT Certification Ex	piration:				
ITEMS TO BE CHECKED DAILY (Operator's Signature Required on Opposite Signature Required on Opposite Signature Required Signature Signature Required Signature Signature Signature Required Signature Sig	• • • • • • • • • • • • • • • • • • • •	and Signature Signifies Accomplishment he <u>Date of the Month</u> Indicated				
Damage (exterior and interior, missing parts)	1	11 21				
2. Tires, Wheels, Lug Nuts	2	12 22				
3. Fluids (Oil, Antifreeze, Hydraulic Fluid, Fuel)	3	13 23				
4. Safety Devices (Seatbelt, Overhead Guard, Safety De	ecals) 4	14 24				
5. Battery (Fluid level if applicable, Restraint, Connectio	ns) 5	15 25				
6. Lights (Headlights, Floodlights, Brake Lights)	6	16 26				
7. Gauges (Inspect for functionality and legibility)	7	17 27				
Forks (Check for damage and movement)	8	18 28				
Engine (Starting, Stopping, Unusual Noises)	9	19 29				
10. Steering	10	20 30				
11. Brakes (Clutch, Creep & Parking)		31				
12. Audible Alarms (Horn, Back-Up Alarm)		Indicate any deficiencies found on reverse and report them to your supervisor and RECERT (x6-5181 in Greenbelt, x1714 at				
13. Hydraulic System (Functionality, Leaks, Damaged H		Wallops Island) immediately				
14. Belts (Water Pump, Generator, Compressor)	Reference: ASME B5	6.1, B56.6, B56.10, 540-WI-8719.1.3				
15. Lift/Lower Mechanism (Functionality, Free Movement	nt)					
16. Attachments (Forks, Extensions, Buckets, etc.)						
17. Air Compressor (Functionality)						
18. Windows (Damage that obscures the operator's vision	on)					
19. Windshield Wiper/Washer (if applicable)						
20. Controls (Free Movement)						

 DIRECTIVE NO.
 540-WI-8719.1.3A
 Page 7 of 14

 EFFECTIVE DATE:
 04/05/2010

 EXPIRATION DATE:
 04/05/2015

	PIT Deficiency an Report deficiencies to your supervisor and RECERT (x				s Island) imm	ediately			
Operator's Report				orted to G	arage	Returned from Garage			
em No.	Deficiency/Note	Date	Date	Time	Operator's	Date	Status	Operato Initials	
	•				1				
		<u> </u>		<u> </u>				┿	
				_	-			+	
							<del>                                     </del>	+-	
		<del>                                     </del>	_			_	$\vdash$	+-	
							<del>                                     </del>	+-	
		<u> </u>	_				$\overline{}$	+-	
			1					$\top$	
				þ					
							Ь—	—	
			_	1			├──	+-	
		-	-	+	-		├──	+-	
		<del>                                     </del>		1	<b>†</b>	<del>                                     </del>	<del>                                     </del>	+-	
		<u> </u>				<del>                                     </del>	<del>                                     </del>	+-	
				1				$\top$	
							Ь——	—	
			-	+			-	+-	
		-	-	+	-	<del>                                     </del>	┼	+-	
		<del>                                     </del>	$\vdash$	+			<del>                                     </del>	+-	
		<del>                                     </del>	<del>                                     </del>	+	<del>                                     </del>	<del>                                     </del>	$\vdash$	+-	
		<del>                                     </del>		+	<del>                                     </del>	<del>                                     </del>	$\vdash$	+-	

 DIRECTIVE NO.
 540-WI-8719.1.3A
 Page 8 of 14

 EFFECTIVE DATE:
 04/05/2010

 EXPIRATION DATE:
 04/05/2015

			,		
Operator's Daily Inspection of Mobile Aerial Platforms (MAPs)	Month		Year		
Vehicle Type Recert Number:	RECERT Certification Expiration:				
ITEMS TO BE CHECKED DAILY (If Applicable)	Operator's Printed Name and Signature Signifies Accomplishment				
(Operator's Signature Required on Opposite Side)	Of Checks	On The Date of the Mont	th Indicated		
Damage (Structure, Lift Systems, Fasteners/Pins, Guards)	1	11	21		
Boom Sections (Wear, Damage, Lubrication)	2	12	22		
Driver's Cab (Cleanliness, Required Safety Features)	3	13	23		
4. Tires, Wheels, Lug Nuts, Casters, Outriggers	4	14	24		
5. Fluids (Oil, Antifreeze, Hydraulic Fluid, Fuel)	5	15	25		
6. Safety Devices (PPE Attachments, Safety Decals, Manual)	6	16	26		
7. Battery (Fluid level, Charge, Restraint, Connections)	7	17	27		
Lights (Headlights, Floodlights, Brake/Warning Lights)	8	18	28		
Gauges (Inspect for functionality and legibility)	9	19	29		
10. Steering (Loose/Binding, Leaks, Operation)	10	20	30		
11. Lower Override Control (Functionality)			31		
12. Controls (Regular/Emergency, Free Movement, Function)	Indicate any deficiencies found on reverse and report them to your supervisor and RECERT (x6-5181 in Greenbelt, x1714 at				
13. Brakes (Clutch, Dead-Man, Creep & Parking)	Wallops Island) immediately				
14. Audible Alarms (Horn, Back-Up Alarm)	Reference: ASME A92.2, A92.3, A92.5, A92.6, 540-WI-8719.1.3				
15. Hydraulic System (Functional, Leaks, Damaged Hoses)					
16. Belts (Water Pump, Generator, Compressor)					
17. Lift/Lower Mechanism (Functionality, Free Movement)					
18. Attachments (Mounting, Damage, Operation, Leaks, etc.)					
19. Emergency Switch (Functionality)					

 DIRECTIVE NO.
 540-WI-8719.1.3A
 Page 9 of 14

 EFFECTIVE DATE:
 04/05/2010

 EXPIRATION DATE:
 04/05/2015

	MAP Deficiency and Correction Report							
	Report deficiencies to your supervisor and RECERT (x6-5181 in Greenbelt, x1714 at Wallops Island) immediately							
	Operator's Report		Repo	orted to G	arage	Return	ned from (	Garage
Item No.	Deficiency/Note	Date	Date	Time	Operator's Initials	Date	Status	Operator's Initials
							─	—
		<del>                                     </del>		-			├──	├──
					_			-
			•					
							—	—
							├──	├──
							<del>                                     </del>	<del>                                     </del>
			_			<del>                                     </del>		<del>                                     </del>
							—	—
		<u> </u>				<del>                                     </del>	├──	├──
		<del>                                     </del>			_	<del>                                     </del>	<del>                                     </del>	-
		<u> </u>						-
							├──	Ь—
		<del> </del>	-			├──	├──	┼
		<del>                                     </del>		<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	<del></del>	-
								$\overline{}$
							──	—
	Status Code: C = Corrected, M = Maint		adulad C	D-d- O 1				

 DIRECTIVE NO.
 540-WI-8719.1.3A
 Page 10 of 14

 EFFECTIVE DATE:
 04/05/2010

 EXPIRATION DATE:
 04/05/2015

Operator's Daily Inspection of Mobile Cranes	Month		Year		
Mfr. Recert Number:	RECERT Certification Expiration:				
ITEMS TO BE CHECKED DAILY (if applicable) (Operator's Signature Required on Opposite Side)	Operator's Printed Name and Signature Signifies Accomplishment Of Checks On The Date of the Month Indicated				
Safety Guard and Plates	1	11	21		
2. Carrier Frame/Rotate Base	2	12	22		
Wire Rope, Reeving, Block, Hook, Sheaves	.3	13	23		
4. Boom, Jib, Gantry, Pendant, Boom Stops	4	14	24		
5. Walk-Ways, Ladders, Handrails	5	15	25		
6. Tires, Wheels, Tracks, Chocks	6	16	26		
7. Leaks (Fuel, Oil, Lube, Water, etc.)	7	17	27		
8. Housekeeping	8	18	28		
9. Lubrication Per Manufacturer's Instructions	9	19	29		
10. Battery, Lights, Glass	10	20	30		
11. Clutch/Brake Linings			31		
12. Warning Labels, Load Rating Chart	Indicate any deficiencies found on reverse and report them to your supervisor and RECERT (x6-5181 in Greenbelt, x1714 at				
13. Fire Extinguisher (Charged, Mounted, Accesible)	Wallops Island) immediately				
14. Gauges and Safety Devices (Functional)	Referen	ce: ASME B30.5, 540-WI-	8719.1.3		
15. Warning/Indicator Lights (Functional)					
16. Controls, Brakes (Functional, Free Movement)					
17. Boom Angle Indicator					
18. Brakes/Boom/Load/Rotate/Limit Switches					
19. Unusual Noises, Control Action					
20. Enginer/Compressor					

 DIRECTIVE NO.
 540-WI-8719.1.3A
 Page 11 of 14

 EFFECTIVE DATE:
 04/05/2010

 EXPIRATION DATE:
 04/05/2015

	Mobile Crane Deficiency and Correction Report  Report deficiencies to your supervisor and RECERT (x6-5181 in Greenbelt, x1714 at Wallops Island) immediately							
	Operator's Report		Rep	orted to	Garage	Retur	ned from	Garage
em No.	Deficiency/Note	Date	Date	Time	Operator's Initials	Date	Status	Operate Initials
							-	+-
		<del> </del>					1	+-
							lacksquare	$\blacksquare$
							─	+-
		_		-			+	+-
								$\top$
							₩	+-
				+	1		+	+-
								$\top$
				+	_		₩	+-
			_	+	+		-	+-
							$\overline{}$	+
							—	₩
		<del>                                     </del>		+	+		-	+-
		1		+	<del> </del>		+	+-
								$\perp$
				+	+		+	+-
		_	_	+	+		-	+-

 DIRECTIVE NO.
 540-WI-8719.1.3A
 Page 12 of 14

 EFFECTIVE DATE:
 04/05/2010

 EXPIRATION DATE:
 04/05/2015

Operator's Daily Inspection of Overhead Cranes	Month		Year			
Recert Number:	RECERT Certification Expiration:					
ITEMS TO BE CHECKED DAILY (if applicable) (Operator's Signature Required on Opposite Side)	Operator's Printed Name and Signature Signifies Accomplishment Of Checks On The <u>Date of the Month</u> Indicated					
Control Buttons Operate Smoothly and Without Sticking	1	11	21			
2. Pendant and Cables, Radio Controls	2	12	22			
3. Fluid Leaks	3	13	23			
4. Safety Decals, Warnings, Load Rating, etc.	4	14	24			
5. Functionality of Emergency Stop Button	5	15	25			
6. General Condition of Bridge/Trolley	6	18	28			
7. Functionality of Bridge, Trolley, Hoist, Brakes, Upper Limit	7	17	27			
8. Hook Block (Side Plates, Sheaves, etc.)	8	18	28			
9. Hook (Deformation, Safety Latch, Rotates Freely, etc.)	9	19	29			
10. Wire Rope (Twists, Kinks, Broken Wires, Spooling, etc.)	10	20	30			
11. Chain (Twists, Distortion, Tracking, etc.)			31			
	(Indicate date	uent Upper Limit Swit of month on which a tests were performe	dditional upper			
The hoist limit switch shall be checked before each lift or						
series of lifts in addition to during the daily inspection.						
Indicate any deficiencies found on reverse and report them to your supervisor and RECERT (x6-5181 in Greenbelt, x1714 at Wallops Island) immediately						
Reference: ASME B30.2, 540-WI-8719.1.3						

 DIRECTIVE NO.
 540-WI-8719.1.3A
 Page 13 of 14

 EFFECTIVE DATE:
 04/05/2010

 EXPIRATION DATE:
 04/05/2015

	Overhead Crane Deficien							
	Report deficiencies to your supervisor and RECERT (x6-	181 in Gree	nbelt, x1714	at Wallops Is	land) immed	iately		
	Operator's Report		Repo	rted to He	lpdesk	Repa	airs Comp	oleted
Item No.	Deficiency/Note	Date	Date	Time	Operator's Initials	Date	Status	Operator Initials
					,			
								-
			┡					
						<u> </u>		<del>                                     </del>
								<del>                                     </del>
	_							
			_					
		1						
								<u> </u>
								-
		<del>                                     </del>	<del>                                     </del>	-	<u> </u>			<del>                                     </del>
		<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>			<del>                                     </del>
								<del>                                     </del>
								—
			┡					—
	Status Code: C = Corrected, M = Maint						L	

 DIRECTIVE NO.
 540-WI-8719.1.3A
 Page 14 of 14

 EFFECTIVE DATE:
 04/05/2010

 EXPIRATION DATE:
 04/05/2015

## **CHANGE HISTORY LOG**

Revision	Effective Date	Description of Changes
Baseline	07/10/2009	Initial Release
A	04/05/2010	Purpose, Instructions, Template revised. Forms are now samples instead of required forms